



07-03-06

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax** (571)-273-2885

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

21874 7590 03/30/2006  
**EDWARDS & ANGELL, LLP**  
P.O. BOX 55874  
BOSTON, MA 02205  
07/05/2006 EAYALEW2 00000023 041105 09848164

01 FC:2501 700.00 DA  
02 FC:1504 300.00 DA  
03 FC:8001 30.00 DA

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**Express Mail Label No.** EV6756 267 834 US  
**Certificate of Mailing or Transmission**

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for **EV6756** Mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

|                       |                    |
|-----------------------|--------------------|
| Sharon Bizokas        | (Depositor's name) |
| <i>Sharon Bizokas</i> | (Signature)        |
| June 29, 2006         | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/848,164      | 05/03/2001  | Peter R. Rhode       | 46146-C2 (48340)    | 1034             |

TITLE OF INVENTION: MHC COMPLEXES AND USES THEREOF

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES          | \$700     | \$300           | \$1000           | 06/30/2006 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------|----------|----------------|
|----------|----------|----------------|

VANDERVEGT, FRANCOIS P 1644 530-403000

|  |   |   |
|--|---|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).   | 2. For printing on the patent front page, list<br>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,<br>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | 1 Peter F. Corless<br>Edwards Angell Palmer<br>2 and Dodge LLP<br>3 _____ |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  |   |   |
| <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |   |   |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Altor Bioscience Corporation

Miramar, Florida

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 10

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1105 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date June 29, 2006

Typed or printed name

Jonathan M. Sparks, Ph.D.

Registration No. 53,624

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and completing the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

|                                |      |          |
|--------------------------------|------|----------|
| <b>TOTAL AMOUNT OF PAYMENT</b> | (\$) | 1,030.00 |
|--------------------------------|------|----------|

|  |  |                     |                |
|--|--|---------------------|----------------|
|  |  | Attorney Docket No. | 46146C2(48340) |
|--|--|---------------------|----------------|

**Complete if Known**

|                      |                        |
|----------------------|------------------------|
| Application Number   | 09/848,164-Conf. #1034 |
| Filing Date          | May 3, 2001            |
| First Named Inventor | Peter Rhode            |
| Examiner Name        | F. P. Vandervegt       |
| Art Unit             | 1644                   |

**METHOD OF PAYMENT** (check all that apply)

Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_

Deposit Account    Deposit Account Number: 04-1105    Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below     Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17     Credit any overpayments

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> |                     | <u>SEARCH FEES</u> |                     | <u>EXAMINATION FEES</u> |                     | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
|                         | <u>Fee (\$)</u>    | <u>Small Entity</u> | <u>Fee (\$)</u>    | <u>Small Entity</u> | <u>Fee (\$)</u>         | <u>Small Entity</u> |                       |
| Utility                 | 300                | 150                 | 500                | 250                 | 200                     | 100                 |                       |
| Design                  | 200                | 100                 | 100                | 50                  | 130                     | 65                  |                       |
| Plant                   | 200                | 100                 | 300                | 150                 | 160                     | 80                  |                       |
| Reissue                 | 300                | 150                 | 500                | 250                 | 600                     | 300                 |                       |
| Provisional             | 200                | 100                 | 0                  | 0                   | 0                       | 0                   |                       |

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Small EntityFee (\$)    Fee (\$)

50    25

Each independent claim over 3 (including Reissues)

200    100

Multiple dependent claims

360    180

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u>     |
|---------------------|---------------------|-----------------|----------------------|--------------------------------------|
| - 20 =              | x                   | =               |                      | <u>Fee (\$)</u> <u>Fee Paid (\$)</u> |

HP = highest numer of total claims paid for, if greater than 20.

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |  |
|----------------------|---------------------|-----------------|----------------------|--|
| - 3 =                | x                   | =               |                      |  |

HP = highest numer of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
| - 100 =             | /50                 | (round up to a whole number) x                          | =               |                      |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

700.00

Other (e.g., late filing surcharge): 2501 Utility issue fee

300.00

1504 Publication fee for early, voluntary, or normal ...

30.00

8001 Printed copy of patent w/o color

30.00

**SUBMITTED BY**

|                   |                           |                                      |               |           |                |
|-------------------|---------------------------|--------------------------------------|---------------|-----------|----------------|
| Signature         |                           | Registration No.<br>(Attorney/Agent) | 53,624        | Telephone | (617) 439-4444 |
| Name (Print/Type) | Jonathan M. Sparks, Ph.D. | Date                                 | June 29, 2006 |           |                |



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

Total Number of Pages in This Submission

|                        |                        |
|------------------------|------------------------|
| Application Number     | 09/848,164-Conf. #1034 |
| Filing Date            | May 3, 2001            |
| First Named Inventor   | Peter Rhode            |
| Art Unit               | 1644                   |
| Examiner Name          | F. P. Vandervegt       |
| Attorney Docket Number | 46146C2(48340)         |

### ENCLOSURES (Check all that apply)

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                  | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply                                  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Change of Correspondence Address                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Terminal Disclaimer                              | Part B – Fee Transmittal (1 page)<br>Return Reipt Postcard                              |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> Request for Refund                               |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> CD, Number of CD(s) _____                        |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   | <input type="checkbox"/> Landscape Table on CD                            |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Remarks  |   |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                                   |          |        |
|--------------|-----------------------------------|----------|--------|
| Firm Name    | EDWARDS/MCGILL PAUMER & DODGE LLP |          |        |
| Signature    |                                   |          |        |
| Printed name | Jonathan M. Sparks, Ph.D.         |          |        |
| Date         | June 29, 2006                     | Reg. No. | 53,624 |



Application No. (if known): 09/848,164

Attorney Docket No.: 46146C2(48340)

## Certificate of Express Mailing Under 37 CFR 1.10

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on June 29, 2006  
Date



Signature

Sharon Bizokas

Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

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Transmittal (1 page)  
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Part B - Fee Transmittal (1 page)  
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